

**APPLICATION FOR ABSENT VOTER'S BALLOT BY VOTER HOSPITALIZED,  
or WHOSE MINOR CHILD IS HOSPITALIZED, BECAUSE OF  
AN ACCIDENT OR UNFORESEEABLE MEDICAL EMERGENCY**

R.C. 3509.08 (B)

Voter's Name \_\_\_\_\_

Voting Residence Street Address \_\_\_\_\_

City, Village, or Post Office \_\_\_\_\_

County \_\_\_\_\_ Zip Code \_\_\_\_\_

You must provide your birth date: \_\_\_\_\_  
month / day / year

**AND you must provide ONE of the following:**

- Your Ohio driver's license number: \_\_\_\_\_, **OR**  
(begins with two alphabet letters followed by six numbers)
- The last four digits of your Social Security number: \_\_\_\_\_, **OR**
- A copy of a current and valid photo identification, a military identification, or a current (within 12 months) utility bill, bank statement, government check, paycheck, or other government document (other than a voter registration notification mailed by a board of elections) that shows my name and current address.

I wish to vote in the election to be held on \_\_\_\_\_.  
(month-date-year of election)

**Check ONLY one election:**

- 1.  **Primary Election**  
(If you checked primary election, **select the type of ballot**):  
 Party \_\_\_\_\_  Issues only

2.  **General Election**

3.  **Special Election**

**Please check ONE of the following reasons:**

- 1.  I am confined in a hospital as a result of an accident or unforeseeable medical emergency. Please deliver my ballot to me as follows (check ONE):  
 by having two election officials deliver my ballot to me at the hospital; or  
 by allowing the family member\* listed below to deliver my ballot to me at the hospital.

I understand this request must be received by my board of elections no later than 3 p.m. on Election Day.

- 2.  My minor child, \_\_\_\_\_, is confined in a hospital as a result of an accident or  
(Name of minor child)  
unforeseeable medical emergency. Please deliver my ballot to me as follows (check ONE):  
 by having have two election officials deliver my ballot to me at the hospital; or  
 by allowing the family member\* listed below to deliver my ballot to me at the hospital.

I understand this request must be received by my board of elections no later than 3 p.m. on election day.

\* "Family member" means the voter's: spouse, father, mother, father-in-law, mother-in-law, grandfather, grandmother, brother, sister, son, daughter, stepparent, stepchild, uncle, aunt, nephew or niece.

Name of Hospital \_\_\_\_\_ Date of Admission \_\_\_\_\_

Hospital Address \_\_\_\_\_ Hospital Tel. No. ( \_\_\_\_\_ ) \_\_\_\_\_

If requesting ballot to be delivered to voter by family member: I request that \_\_\_\_\_,  
(Name of Family Member\* - see above)  
who is my \_\_\_\_\_, deliver my ballot to me at the hospital.  
(Relationship to Voter)

**I hereby declare, under penalty of election falsification, that I am a qualified voter and the statements above are true to the best of my knowledge and belief. I understand that if I do not provide the requested information, my application cannot be processed.**

X \_\_\_\_\_  
(Signature of Voter)

X \_\_\_\_\_  
(Date Signed)

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE**